



**REVOCATION OF POWER OF
ATTORNEY and APPOINTMENT
OF
NEW POWER OF ATTORNEY**

Application Number	10/613,146
Filing Date	July 3, 2003
First Named Inventor	Joel Ovil
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	62682.00002 (51/a 003384.P017)

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Joel Ovil

Signature

Date 25/10/03

Telephone

+27117284958

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required see below.

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PTO/SB/62 (08-03)
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REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY	Application Number	10/613,146
	Filing Date	July 3, 2003
	First Named Inventor	Joel Ovil
	Art Unit	Unknown
	Examiner Name	Unknown
	Attorney Dockel Number	62692.00002 (f/k/a 003394.P017)

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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☐ I hereby appoint the practitioners at Customer Number:

☒ Please change the correspondence address for the above-identified application to:

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30256

OR

☐ Firm or Individual Name

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Address

City

Country

State

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Telephone

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Liran Brenner

Signature

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/613.146
	Filing Date	July 3, 2003
	First Named Inventor	Joel Ovil
	Art Unit	Unknown
	Examiner Name	Unknown
	Attorney Docket Number	62692.00002 (f/k/a 003394.P017)

I hereby appoint:

☐ Practitioner at Customer Number
OR
☒ Practitioner(s) named below:

Name/Registration Number
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Joel Ovil
Signature	
Date	25/10/03
Telephone	

SIGNATURE of Applicant or Assignee of Record

Name	Liran Brenner
Signature	
Date	26/10/03
Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than two signatures are required, see below.

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This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.